

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034534

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2425 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 19 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) CLAYTON		c. CITY OR TOWN St. Charles	
c. FULL NAME OF (If not in hospital, give location) St. Louis County Hosp.		d. STREET ADDRESS 227 Chauncey St.	

3. NAME OF DECEASED (Type or print) Margaret Marie Montgomery			4. DATE OF DEATH Month July Day 28 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1941	9. AGE (last birthday) 21	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Typist
11a. FATHER'S NAME Floyd Montgomery		11b. MOTHER'S MAIDEN NAME Viola Shatro		11c. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. <input type="checkbox"/>		
17. INFORMANT Mr. Floyd Montgomery, St. Charles, Mo.			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO (b) Blunt trauma DUE TO (c) <input type="checkbox"/>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car involved in auto collision
20c. TIME OF INJURY 6:10 p.m.	Month, Day, Year 7/28/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		20f. CITY, TOWN, OR LOCATION St. Louis Missouri

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at DOA Co. Hosp. 6:44 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond L. Harris	(Degree or title) Coroner	22b. ADDRESS Clayton, Missouri	22c. DATE SIGNED 8/3/63
23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE Aug. 1, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.

24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.	25. DATE REC'D. BY LOCAL REG. 7-30-63	26. REGISTRAR'S SIGNATURE John Murphy
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 4002
2 7120
3
4 1
5 0
6
7 0
8 2
9 X
10
11 400
12 2-3
13

143 712

NOTYH23

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles J. Nache

Licensed Embalmer No.

4530

P. O. Address

St Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

8-1-32-7